

CHAPTER 12
SECTION 10.2

POINT OF SERVICE (POS) OPTION (PRIME)

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I. DESCRIPTION

The Point of Service (POS) option applies under TRICARE Overseas Program (TOP) Prime, TRICARE Global Remote Overseas (TGRO), and TRICARE Puerto Rico Contract (TPRC). It gives TOP Prime enrollees (including TGRO/TPRC) the freedom to obtain services from any TRICARE authorized civilian provider. Under the POS option, when Prime enrollees self-refer to a civilian authorized provider other than their Primary Care Manager (PCM), TRICARE Standard coverage requirements apply unless otherwise stated in this section.

II. POLICY

The TOP POS option does not apply to active duty service member (ADSM) overseas/continental United States (CONUS) care.

A. Self-referred, non-emergency, specialty, inpatient care provided to a TOP Prime enrollee by a network or non-network host nation provider, which is not either provided/referred by the beneficiary's PCM or specifically authorized may be reimbursed only under the TOP Prime POS option if it is a benefit under TRICARE Standard.

B. The TRICARE Managed Care Support Contractor (MCSC), South Region (hereinafter known as "overseas claims processing contractor") shall adjust TOP Prime copayments when TOP PCMs or Health Care Finders (HCFs) do not follow established referral/authorization procedures. For example, if the overseas claims processing contractor processes a claim without evidence of an authorization and/or a referral under Point of Service provisions, and the overseas claims processing contractor later verifies that the PCM or other appropriate provider referred the beneficiary for the care, the overseas claims processing contractor shall adjust the claim under Prime provisions. The overseas claims processing contractor need not identify past claims, however, the overseas claims processing contractor shall adjust these claims as they are brought to their attention.

C. On a case-by-case basis, following stabilization of the patient, the TOP TRICARE Area Office (TAO) Director/Military Treatment Facility (MTF) Commander may require a TRICARE Prime beneficiary to transfer to a TOP network facility or the MTF. The TOP TAO Director/MTF Commander shall provide written notice to the beneficiary (or responsible party) advising them of the impending transfer to a TOP network facility/MTF. If the

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beneficiary elects to remain in the non-network facility, TOP POS cost-sharing will begin 24-hours following receipt of the written notice. Neither the TAO Director nor the MTF Commander may require a transfer until such time as the transfer is deemed medically safe.

D. The following deductible and cost share amounts apply to all TOP Prime POS claims for health care services:

1. Enrollment year deductible for outpatient claims (no deductible applies to inpatient services): \$300 per individual; \$600 per family.

2. Beneficiary cost-share for inpatient and outpatient claims: 50 percent of the allowable charge after the deductible has been met (deductible only applies to outpatient claims). See Chapter 12, Section 2.3 for information on catastrophic caps under the TOP.

E. POS deductible and cost-share amounts are NOT creditable to the enrollment/fiscal year catastrophic cap and they are not limited by the cap.

F. POS deductible and cost-sharing do not apply to the claims for care received by certain newborn and newly adopted children who are deemed enrolled in TOP Prime for the first 60 days or until an enrollment decision is made by a responsible representative, whichever is earlier.

NOTE: The TRICARE Regional Director of each TRICARE Regional Office and Director of each TAO are granted the authority to extend the deemed enrollment period for newborns/adoptees up to 120-days, on a case-by-case or regional basis.

G. TOP Prime enrollees have no nonavailability statement (NAS) requirements under the POS option.

H. All TRICARE coverage provisions apply to POS claims with the "EXCEPTIONS" noted in this section.

III. EXCEPTIONS

A. TOP Prime active duty family members (ADFM)s are entitled to receive the first eight (8) outpatient mental health sessions in a fiscal year without preauthorization, all emergency care, ancillary services, drugs, and services provided by an Overseas Partnership provider. TOP Prime POS cost-share may apply if the ninth (9th) and subsequent outpatient mental health sessions are provided without an authorization. TOP Prime POS cost-share may apply for inpatient non-urgent/emergent mental health care received without an authorization (see Chapter 12, Section 11.1).

B. TOP POS cost-sharing only applies to TRICARE covered services.

C. POS cost-sharing and deductible amounts do not apply if a TOP enrollee has other health insurance that provides primary coverage, i.e., the other health insurance must be primary under the provisions of the TRM, Chapter 4, Section 1; and documentation that the other insurance processed the claim and of the exact amount paid must be submitted with the TOP claim. TRICARE Prime provisions apply for this type of claim.

D. TOP POS applies to TGRO contractor and TPRC healthcare claims, except for ancillary and pharmacy claims, the first eight (8) mental health sessions (for ADFMs), and clinical preventative services.

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